436 SOUTH JEFFERSON STREET
GREN BAY 54301 Phone: (920) 431-7190 Ownership: Nonprofit Church-Related Operated from 1/1 To 12/31 Days of Operation: 366 Highest Level License: FDDs Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? No No Total Licensed Bed Capacity (12/31/00): 31 Title 18 (Medicare) Certified? No Total Licensed Bed Capacity (12/31/00): 25 Number of Residents on 12/31/00: 25

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%				
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	 %	Age Groups	%	Less Than 1 Year 1 - 4 Years	4. 0 20. 0
Supp. Home Care-Household Services	No	Developmental Disabilities	100.0	Under 65	80. 0	More Than 4 Years	76. 0
Day Servi ces	No	Mental Illness (Org./Psy)	0. 0	65 - 74	8. 0		
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	12. 0		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	0. 0	****************	******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0. 0	95 & 0ver	0. 0	Full-Time Equivaler	t
Congregate Meals	No	Cancer	0. 0			Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	0. 0		100. 0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	0. 0	65 & 0ver	20. 0	[
Transportation	No	Cerebrovascul ar	0. 0			RNs	4. 0
Referral Service	No	Di abetes	0. 0	Sex	%	LPNs	18. 3
Other Services	No	Respi ratory	0. 0			Nursing Assistants	
Provi de Day Programming for		Other Medical Conditions	0. 0	Male	44. 0	Aides & Orderlies	33. 9
Mentally Ill	Yes			Female	56 . 0		
Provi de Day Programming for			100. 0				
Developmentally Disabled	Yes				100. 0		
*******************	****	k***********************	*****	k***********	*****	***********	*****

Method of Reimbursement

		Medica (Title			Medic Title			0th	er	Pri	vate l	Pay		Manageo	l Care		Percent
			Per Dien	n		Per Die	m		Per Diem	1]	Per Diem	1	Ĭ	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	ŏ	0. 0	\$0.00	ŏ	0. 0	\$0.00	ŏ	0. 0	\$0.00	Ŏ	0. 0	\$0.00	ŏ	0. 0	\$0.00	ŏ	0. 0%
Intermedi ate				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Dev. Di sabl ed				25 1	00.0	\$108.69	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0. 00	25	100.0%
Traumatic Brain Inj		0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Venti l ator- Depender	nt O	0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0. 00	0	0.0%
Total	0	0. 0		25 1	00.0		0	0.0		0	0.0		0	0.0		25	100.0%

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	$of \ \ Residents'$	Conditions,	Servi ces,	and Activities as of	f 12/31/00
beachs builting kepoliting relifou)		% Need	i ng		Total
Percent Admissions from:		Activities of	%	Assi stan	ce of	% Totally	Number of
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	One Or Tw	o Staff	Dependent	Resi dents
Private Home/With Home Health	100	Bathi ng	20.0	80.	0	0.0	25
Other Nursing Homes	0.0	Dressi ng	28. 0	72.	0	0. 0	25
Acute Care Hospitals	0.0	Transferri ng	28. 0	72.	0	0. 0	25
Psych. HospMR/DD Facilities	0.0	Toilet Use	28. 0	72.	0	0. 0	25 25
Rehabilitation Hospitals	0. 0	Eating	28. 0	72.	0	0. 0	25
Other Locations	0.0	****************	******	******	******	********	*******
Total Number of Admissions	1	Conti nence			ial Treatm		%
Percent Discharges To:		Indwelling Or Externa				spiratory Care	0. 0
Private Home/No Home Health	0. 0	Occ/Freq. Incontinent				acheostomy Care	0. 0
Private Home/With Home Health	25. 0	Occ/Freq. Incontinent	t of Bowel	4. 0 Re	cei vi ng Su	cti oni ng	0. 0
Other Nursing Homes	25 . 0	_			ceiving Os		4. 0
Acute Care Hospitals	0. 0	Mobility		Re	ceiving Tu	be Feeding	0. 0
Psych. HospMR/DD Facilities	0. 0	Physically Restrained	d	0.0 Re	ceiving Me	chanicallÿ Altered l	Diets 12.0
Reĥabilitation Hospitals	0.0						
Other Locations	50 . 0	Skin Care				Characteri sti cs	
Deaths	0.0	With Pressure Sores				Di recti ves	100. 0
Total Number of Discharges		With Rashes			cati ons		
(Including Deaths)	4			Re	ceiving Ps	ychoactive Drugs	76. 0
***********	*****	********	******	******	*****	********	******

	This Facility		DD ilities	All Facilties		
	%	%	Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	80. 6	85. 5	0. 94	84. 5	0. 95	
Current Residents from In-County	36. 0	42. 1	0. 85	77. 5	0. 46	
Admissions from In-County, Still Residing	100. 0	19. 5	5. 13	21. 5	4. 65	
Admissions/Average Daily Census	4. 0	16. 4	0. 24	124. 3	0. 03	
Discharges/Average Daily Census	16. 0	19. 2	0. 83	126. 1	0. 13	
Discharges To Private Residence/Average Daily Census	4. 0	9. 2	0. 44	49. 9	0. 08	
Residents Receiving Skilled Care	0. 0	0. 0	0.00	83. 3	0. 00	
Residents Aged 65 and Older	20. 0	16. 2	1. 23	87. 7	0. 23	
Title 19 (Medicaid) Funded Residents	100. 0	99. 5	1. 01	69. 0	1. 45	
Private Pay Funded Residents	0. 0	0. 5	0. 00	22. 6	0. 00	
Developmentally Disabled Residents	100. 0	99. 3	1. 01	7. 6	13. 09	
Mentally Ill Résidents	0. 0	0. 5	0.00	33. 3	0. 00	
General Medical Service Residents	0. 0	0. 2	0.00	18. 4	0. 00	
Impaired ADL (Mean)*	36. 8	50. 8	0. 72	49. 4	0. 75	
Psychological Problems	76. 0	45. 9	1. 65	50. 1	1. 52	
Nursing Care Required (Mean)*	2. 5	11.0	0. 23	7. 2	0. 35	